

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19855

STATE FILE NUMBER

FILED JUN 4 1957

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY VERNON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY VERNON			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN NEVADA Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Nevada 1087 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Underpass 54 & 71 HI-W.				Length of stay in lb 30 yrs.			
d. STREET ADDRESS (If outside, give location) 1403 E Cherry				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) ALBERT First SCOTT Middle SCOTT Last				4. DATE OF DEATH 5-18-57 Month 5 Day 18 Year 57			
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb 8 - 1895	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 6 Days 2 Hours 0 Min. 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm		11. BIRTHPLACE (City and state or country) Carrollton - MO	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME Wilson			
14. MOTHER'S MAIDEN NAME Elizabeth				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —			
16. SOCIAL SECURITY NO. —				17. INFORMANT Mrs. Ida Scott Address Nevada MO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Stalk Fractures - (Severe) Effusion Low of blood. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 845X DUE TO (c) 108							INTERVAL BETWEEN ONSET AND DEATH 1 min
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 46							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Driving a horse & wagon, which resulted in accident throwing man of wagon onto sidewalk					
20c. TIME OF INJURY 5:40 Hour 5 Month 5 Day 18 Year 57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 54 & 71 E. Cherry					
20e. CITY, TOWN, OR LOCATION Nevada		COUNTY Vernon		STATE MO		20f. CITY, TOWN, OR LOCATION Nevada	
20g. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21. I attended the deceased from 5:40 P to 5:40 P and last saw him alive on 5/18/57					
22a. SIGNATURE (Degree of Coroner) Richard A. Horton							22b. ADDRESS Nevada MO
22c. DATE SIGNED 5/19/57							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-20-57		23c. NAME OF CEMETERY OR CREMATORY Nevada Cem.		23d. LOCATION (City, town, or county) (State) Nevada MO	
24. FUNERAL DIRECTOR Richard A. Horton		ADDRESS Nevada MO		25. DATE RECD. BY LOCAL REG. 5-30-1957		26. REGISTRAR'S SIGNATURE Anna & Ferry	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lloyd C. McCall*.....

Licensed Embalmer No...48

P. O. Address *Florida*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.